



Docket No. 1482/132(d)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Patent Application of
Terrance W. Oliver

Serial No.: 10/751,614

Filed: January 5, 2004

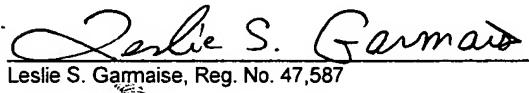
For: INTELLIGENT CASINO CHIP
(Title as Amended Herein)

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Leslie S. Garmase, Reg. No. 47,587

SECOND PRELIMINARY AMENDMENT

Mail Stop Patent Application
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Dear Sir:

Prior to the first Office Action, please amend the above-identified application as follows:

1-23-04



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/751,614
		Filing Date	January 5, 2004
		First Named Inventor	Terrance W. Oliver
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	15	Attorney Docket Number	1482/132(d)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Second Preliminary Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Fee Determination Record
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Leslie S. Garmaise, Esq. Dorr, Carson, Sloan, Birney & Kramer, P.C.
Signature	
Date	January 22, 2004

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Signature		Date	January 22, 2004

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